

PETITION FOR SPECIAL REVIEW AND CONSIDERATION
UNDER THE TERMS OF SERIOUS MEDICAL NEEDS.

SERVICE TO:

Mr. WILLIAM SEGREST

DIRECTOR

STATE OF ALABAMA BOARD OF PARDONS AND PAROLES

IN REF: ROBERT L. McCRAY #167644

MEDICAL CONDITION; HYPERTENSION, ARTHRITIS, "KNEE" "ELBOWS", "FEET"
AND STERNOMANUBRIAL JOINT:

FINAL DIAGNOSIS:

Adenocarcinoma of the Prostate [PROSTATE CANCER])

i.e. SUPPORT DOCUMENTATION ATTACHED.

ATTENDING PHYSICIANS, GROUPS

CANCER CARE CENTER OF MONTGOMERY-2003-2004

PHATAMA PADARAIJA, M.D.-MEDICAL ONCOLOGIST/HEMATOLOGIST.

DAVID G. MORRISON, M.D.-"

"/"

""

THOMAS E. BEATROUS M.D.-RADIATION ONCOLOGIST

D.P.B. Dr. BHUTA-DECEMBER 2004

Procedure and follow-up evaluation UN-Done as of _____
the filing of this Petition.....

Robert L. McGray is (72) years of age, and is a Honorably Retired Disabled Veteran with personal individual formal Commendation of permanent Army Record and in which capacity is entitled to priority immediate full unrestricted access to medical care at any Armed Services or Veterans Hospital for treatment on a Priority basis.

That the Healthcare provider for the Alabama Department of Corrections (P.H.S.), continually over time, and for reasons best known to itself, repeatedly has either altogether ignored or crucially delayed access to urgent treatment determined by the specialist "Urologist and Oncologist and so ordered by them to engage purposed to prevent further progression of the Prostate Cancer, P.H.S.'s design of deliberate failure to comply with the formal directives of the attending specialists has resulted in the spread of the Prostate Cancer to the lower back and chest area.

Subsequent bone-scans validate the progression.

P.H.S. routine indifference to the timely directives of the attending specialists has materially narrowed the window of recovery and caused unnecessarily spread of cancer to a more likely than not fatal level blinding the view for prolonging life.

Have been continuously incarcerated in the D.O.C. since 1992, and to date prison records stand free of any disciplinary or counsel infraction of any sort, Excellent work reports and program participation, Honor Dorm: West Jefferson, Bibb Correctional and at present Faith Dorm at Staton Cor. Fac.

Have severe chronic health care needs unaddressed meaningfully by P.H.S. and,

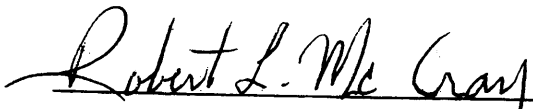
the constant personal, physical and emotional stressors attending
~~which~~ maladies.

This Petition is hereby submitted on behalf of Mr, Robert L. McCray and it is the hopes and prayers that this Honorable Board will take it upon its self and investigate the medical condicions of this petitioner and see fit to allow not only the petitioner but the State of Alabama the chance to free **its** self of the burden and the need of the high cost of Health Care , the undue sufferance to Mr. Robert L. McCray...

It is so prayed to this the Alabama Board of Pardons and Paroles

To its Director Mr, William Segrest and the Members of The Alabama Board of Pardon and Parole to Review this case for **Special Review and Consideration Under the Terms of Serious Medical**

NEEDS


Robert L. McCray (Petitioner)

A.I.S. #167644/ E-4-2
Staton Cor. Fac

P.O. Box #56

Elmore, Alabama. 36025

DIALY PERCRIBED MEDICATION NEEDED:BY SUBJECT

ROBERT L.McCRAY#167644

REGULAR PERCRIBED DAILY DOSAGE & DRUGS;

ASPIRIN 325mg. (5gr.) EMTERIC COATED (ONCE DAILY)

ISOSORBIDE DIN(ISORDIL)10 mg.TAB (ONCE DAILY)

H.C.T.Z.(HYDROCHLORTHIAZIDE) 25 mg.TAB (" ")

ATENOLOL (TENORMIN) 50 mg.TAB RX (" ")

FIBER-LAX (CARDS) 625 mg.TAB OTC, (TWICE DAILY)

DOCUSATE SOD (COLAGE)(CARDS) 100 mg.CAP (TWICE DAILY)

PRAZOSIN (MINIPRESS) 2 mg.CAPS RX.(TWICE DAILY)

LOVASTATIN(MEVACOR)20 mg. TAB (ONCE DAILY)

ENALAPRIL (VASOTEC) 10 mg. TAB RX. (ONCE DAILY)

DILTIAZEM-XT (CARDIZEN-CD)"QD"120 mg.(TWICE DAILY)

FLO MAX(TAMSULOSIN)0.4.mg. CAP RX.(ONCE DAILY)

[NITRO QUICK/0.4.mg. AS NEEDED.....

FAX NO. : 3342795737

11/11/2001 23:52PM P1

975-6784

BAPTIST MEDICAL CENTER EAST

400 Taylor Road
Montgomery, AL 36117
(334) 277-0471

Name: McCrory Robert

MR#: E000221912

Sex: Male

DOB: 3/10/33

Account: E0229100034

Admit: 10/18/02

Room/Bed: -

Admit Type: Outpatient

Discharge Date: 10/18/02

Age: 69 Years

SS Number: 196-24-6756

Admitting Physician: Bhuta, Dharampal P, MD

PATHOLOGY NO: ES-02-0003773

Collected: 10/18/02
Received: 10/18/02 12:11:00 PM
Physician: Bell, Norman D, MD

Performed At

Baptist Medical Center East
400 Taylor Rd
Montgomery, Alabama 36117
phone (334) 244-8495 fax (334) 277-0471

Clinical Information

Increased PSA

Final Diagnosis

A. RIGHT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: CHRONIC INFLAMMATION, BASAL CELL HYPERPLASIA AND FOCAL GLANDULAR ATROPHY.
- CARCINOMA NOT IDENTIFIED.

B. LEFT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: PROSTATIC ADENOCARCINOMA, INTERMEDIATE GRADE, GLEASON'S SCORE 6 (3+3) IN ONE CORE FROM THE ANTERIOR WALL OF THE CAPSULE.

- MAXIMUM INVOLVED CORE VOLUME: 10%
- PERINEURIAL INVASION NOT IDENTIFIED.

MR#: E000221912
Printed: 10/22/02 4 PM

Room/Bed: -
S: -

Account: E0229100034
DOB: 3/10/33

Dr. Michael D. Alderman, M.D., F.A.C.S.
DIPLOMATE AMERICAN BOARD OF UROLOGY

345 ST. WILKES DRIVE
MONTGOMERY, AL 36117

ADULT AND PEDIATRIC UROLOGY

PHONE: (334) 279-5737
FAX: (334) 279-1048

December 7, 2004

Dr. Mike Robbins
PO Box 11
Mt. Meigs, AL 36057

RE: R. McCray
Chart 376
Age 73, sex M
11/8/04

Mr. McCray came back to us for follow-up. He is known to us with past history of prostate cancer. His PSA is 8.4. He had a bone scan done on 8/31 which showed suspicious area of abnormal uptake in the sternum. Uptake in the lumbar spine might be secondary to degenerative changes. He came to talk with us regarding further treatment. We told him that he needs to have x-ray done of the right ribs and the sternum. He also needs to have x-ray of the lower lumbar spine to make sure he has not developed metastasis. He is still thinking about radioactive seed implant. We told him that since his PSA is 8.4 and he is 72 that he might benefit from external radiation treatment. In the past he was seen by Dr. Tom Beatrous and appropriate arrangements were made for external radiation therapy treatment but he did refuse. He wanted to go to UAB. Patient had an appointment at UAB but he did not make it there.

Rectal exam shows prostate is still hard. Urinalysis normal.

IMPRESSION

Carcinoma of the prostate gland with PSA of 8.4, possible metastasis in the bone

PLAN

Discussed with the patient in detail. We told him that he must have x-rays done before deciding to have radioactive seed implant. He will need x-ray of the lumbar spine, rib and sternum. If the x-ray shows no evidence of metastasis then he can be referred to UAB. He can radioactive seed implant at UAB. Again, I told him that he will do well with external radiation and Lupron injections monthly

or one year. I hope he makes a final decision.

Copy to Dr Mike Robbins

huta

B/amc

D. P. Bhuta, MD., FIA.CIS.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE
MONTGOMERY, AL ~
PHONE: (334) 279-5737
MONTGOMERY, AL. ~
FAX: (334) 279-1048
September.

Dr. McClain
Kilby Correctional Facility
12201 Wares Ferry Road
Montgomery, AL 36116

RE: Robert McCray
Age 70, sex M
Chart MCC 67560
SS~ (96-24-6576)

Mr. McCray was referred to us by Dr. McClain at Kilby Correctional Facility. He was referred to us because of PSA of 10.4. We saw him in 1998 and at that time he was having difficulty voiding with abnormal PSA. He had a PSA done in November 1997 and it was 6.1. In December of that year it was 9.3. In February of 1998 it was 5.3. His PSA was fluctuating at that time so nothing was done. He is still having nocturia Sx, frequency many times with a slow stream.

MEDICATION

Atenolol
Minipres
Cholesterol medication

ALLERGIES

none

On examination: abdomen normal, prostate normal, GU normal

PLAN

Start Flomax 0.4mg po bid - we gave him samples for two weeks
Biopsy of the prostate- procedure and risks were explained to him in detail. We told him the only way I can do the biopsy is when NafCare approves it. He understood.
Further treatment depends upon the response to Flomax and biopsy of the prostate gland.

Copy to Dr. McClain

Thank you for your referral,

D.F. Bhuta

DPB:amc

M. Bhuta, M.D., F.A.C.
 DIPLOMATE AMERICAN BOARD OF UROLOGY
 ADULT AND PEDIATRIC UROLOGY

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Copy to Dr. Mike Robbins

Thank you,

[Signature]
 D. R. Bhuta

DPB/amc

Dr Robbins
 Please Make arrangement
 for him to go UAB for
 Radioactive Seed implant.

2-1-05

PATIENT NAME: Robert McCray
DATE: 01/14/03

Continued...Page 2

ABDOMEN: Soft with normal liver span. No masses. There is no inguinal adenopathy.
GENITALIA: Penis and testes appear normal.
RECTAL: Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.
EXTREMITIES: Free of edema.

IMPRESSION: Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

RECOMMENDATIONS/PLAN: I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy.

I appreciate this consultation and I will keep you apprised of patient's status as he progresses through treatment.

Best personal regards,



Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center of Montgomery

TEB/wm
D: 01/19/03
T: 01/20/03

CC: Dr. Mike Robbins
Dr. D. P. Bhuta

2/7/03 - PT HAS DECIDED TO
HAVE PROSTATE IMPLANT. WILL
ARRANGE THIS AT UAB
MEDICAL CENTER WITH
DR. FIVEASH
TEL# 205-975-0224
TEB

D₁ P. Bhuta, MD., FIA.CIS.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

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MONTGOMERY, AL ~
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MEDICATION

Atenolol
Minipres
Cholesterol medication

ALLERGIES

none

On examination: abdomen normal, prostate normal, CU normal

PLAN

Start Flomax 0.4mg po qhs- we gave him samples for two weeks
Biopsy of the prostate- procedure and risks were explained to him in detail. We told him the only way I can do the biopsy is when NafCare approves it. He understood.
Further treatment depends upon the response to Flomax and biopsy of the prostate gland.

Copy to Dr. McClain

Thank you for your referral,

D.F. Bhuta

DPB 'amc

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE
MONTGOMERY AL 36117

PHONE: (334) 279-5737
FAX: (334) 279-1043

February 17, 2003

Dr. Mike Robbins

RE: Robert McCray
Chart 376
SS# 196-24-6756

Dear Dr. Robbins,

Mr. McCray is a 69 year-old gentleman with PSA of 9.3.

His entire metastatic workup was completely normal. His pathology report was adenocarcinoma of the prostate gland from the left lobe. He elected to have radiation therapy treatment but when he saw Dr. Beatrous, he decided that he might want to have surgery done.

He came back to us for further discussion. He was under the impression that I can take only the left part of the prostate out since only the left lobe of the prostate showed cancer. I have talked to him in detail and told him that it is impossible to take just one side of the prostate. I told him that if he undergoes surgery I would have to take the entire prostate out. Complications include impotency and urinary complications.

He elected to have radiation therapy treatment. Again, he should be started on Lupron injections of 7.5mg IM every month for a period of 3-4 months and then he can be referred to Dr. Beatrous for radiation therapy treatment. After this is completed he should continue hormone treatment. He should have PSA done once a year after completing both treatment regimens.

Again, I would like to stress that he elected to have radiation therapy treatment and that he should be started on Lupron as soon as possible.

Thank you,


D.P. Bhuta

DPB/amc

D. P. Bhuta, MD., FIA.CIS.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

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Kilby Correctional Facility
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Montgomery, AL 36116

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D.F. Bhuta

DPB 'amc

Cancer Care Center of Montgomery

Medical Oncologist/Hematologist	Radiation Oncologist	Medical Oncologist/Hematologist
Phatama Padavanija, M.D.	David G. Morrison, M.D.	Thomas E. Beatrous, M.D.

PATIENT NAME: Robert McCray
DATE: 01/14/03
CHART#: 15067

RADIATION THERAPY CONSULTATION

DIAGNOSIS: Adenocarcinoma of prostate with PSA 9.3 ng/ml.

HISTORY: I was asked to see patient regarding radiation therapy evaluation. Patient is a 70-year-old black male found on routine screening to have elevated PSA 9.3. Prostate biopsy showed Gleason score 6 adenocarcinoma from left lobe biopsies. Bone scan showed arthritic uptake at right knee, shoulders, elbows, feet, and ~er ~nu~tj~, 1 joint as well as uptake at L-5 vertebral body thought to represent arthritic change. Patient has undergone consultation regarding possible surgery. He has decided, however, to forego surgery and to take definitive treatment with radiation therapy plus Lupron injections. I have been asked to see patient regarding radiation therapy evaluation.

PAST MEDICAL HISTORY: Positive for history of hypertension. Negative for heart disease, diabetes, or collagen vascular disease. Previous surgeries: Repair of leg fractures in 1951 and on two separate occasions thereafter.

CURRENT MEDICATIONS: HCTZ 25 mg q. day, Lopid 600 mg b.i.d., Maalox 30 cc t.i.d. p.r.n.,

Hytrin q.h.s., Tenormin 50 mg q. day, aspirin 325 mg q. day.

ALLERGIES: Catapres.

SOCIAL HISTORY: Patient is divorced. He has worked as a teacher. He is presently an inmate at Kilby Correctional Facility. He denies chronic tobacco or alcohol use.

FAMILY HISTORY: Negative for cancer.

REVIEW OF SYSTEMS: Patient admits to frequent urination with nocturia times three. He denies painful urination, hematuria, diarrhea, or blood per rectum.

PHYSICAL EXAMINATION: Shows weight 160 pounds. Vital signs: See intake H&P data sheet.

GENERAL: Alert, oriented, black male in no distress.

HEENT: Extraocular muscles are intact. Oral cavity and oropharynx free of tongue and mucosal lesions.

NECK: Shows no venous distention, thyromegaly, or cervical/supraclavicular adenopathy.

RIB CAGE/SPINE: Nontender.

LUNGS: Clear with no signs of atelectasis, consolidation, or effusion.

HEART: Regular rate and rhythm. No diastolic murmurs.

Continued....

PATIENT NAME: Robert McCray
DATE: 01/14/03

Continued...Page 2

ABDOMEN: Soft with normal liver span. No masses. There is no inguinal adenopathy.

GENTTALIA: Penis and testes appear normal.

RECTAL: Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.

EXTREMITIES: Free of edema.

IMPRESSION: Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

RECOMMENDATIONS/PLAN: I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and **results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy**

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Radiation Oncologist
D-01/19/03
CC: r. Mike Robbins

Cancer Care **Center of Montgomery**
T:01/20/03

Cancer Care Center of Montgomery

Medical Oncologist/Hematologist
Phatama Padavanija, M.D.

Medical Oncologist/Hematologist
David G. Morrison, M.D.

Radiation Oncologist
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Best personal regards,

ThomasE. Beatrous, **M.D.**

Radiation Oncologist

D-01/19/03

CC: r. Mike Robbins

Cancer Care Center of Montgomery
T:01/20/03

Robert McCray
Chart 376
Age 69, sex M
11/4/02

Mr. McCray came to see us for further followup. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

We have talked with him in detail about treatment. He elected not to have surgery done. We talked to him about radiation therapy treatment and Lupron injections. He agreed to have this treatment done. We told him that radiation therapy might not cure the prostate cancer. He understood.

He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

✓

TOMMY R. SCARBOROUGH, LLC

56
Exhibi

Attorney at Law
119 South Foster St., Suite 101
P. O. Box 2101
Dothan, Alabama 36301
Telephone (334) 678-8200
Fax 334-678-1497

September 14, 2002

Robert L. McCray
167644E3-51
565 Bibb Lane
Brent, AL 35034

RE: Parole Review

Thank you members of the Parole Board for this opportunity to appear before you on behalf of Robert L. McCray. As some of you may know, in my former life before being an attorney, I had the distinct opportunity to work with the Parole Board as a field officer in both Russell and Houston County. I know the tremendous responsibility placed on your shoulders as the Alabama Board of Pardons and Paroles.

I want to start by giving you a brief history of my client, Robert McCray. At this time Mr. McCray is 69 years old and is presently housed at Bibb Correctional Facility in Brent, Ala. He was indicted in 1988 by the Macon County Grand Jury for the offenses of Kidnapping 1st degree and Attempted Murder. The trial jury found him guilty of Kidnapping 2nd and Assault 2nd and he was sentenced to 15 years and 10 years consecutive. He appealed and a new trial was granted and upon a trial of the case he was again found guilty of Kidnapping 2nd and Assault 2nd and was sentenced to 20 years and 10 years consecutive which is the sentence he is now serving.

This case involved Mr. McCray's wife at that time with whom he was involved in an uncontested divorce. The presentence report is devoid of any mention of serious injury to his wife. The report is also devoid of any reports of any previous or subsequent acts of domestic violence by Mr. McCray. It should be noted that Mr. McCray was on bond after his initial arrest and during the appeals process and never was there any report of any violence or threats of violence toward the victim, his wife. Mr. McCray and his former wife are the parents of two children that Mr. McCray has continued to support even while in prison. Mr. McCray is an honorably discharged and disabled veteran of the Korean War.

He receives monthly compensation from the VA and much of this disability has been voluntarily transferred to his former wife, the victim, for the care and support of his children. I have documentation from the VA verifying his disability award that I can provide to you the members of the Board. At one time during his confinement, his ex-wife attempted to have the VA divert more of his grant to herself than she was entitled to receive. This attempt was denied by the VA. However, Mr. McCray voluntarily petitioned the VA for his exwife to receive as much in excess of his disability as possible. This has resulted in her receiving in excess of \$60,000 during his confinement. His children also receive \$300 support from him. In addition to this Mr. McCray has voluntarily carried health insurance on his children of which I can provide to you proof of the same.

He is a former Vice Commander of the Disabled American Veterans and is a certified Service Officer for the DAV. He graduated from Tuskegee University and Auburn University at Montgomery.

He has and presently suffers serious medical malady which begs for immediate attention that he is not getting in prison. He was recently examined by a Montgomery urologist (Dr. Bhuta) and was found to have an extremely enlarged prostate. Examinations have indicated that he has a PSA of 10.1 when the normal PSA reading should be less than 4.0. The doctor has requested a biopsy on his prostate but as of yet, Naphcare has not approved the same. He further suffers from degenerative arthritis, hypertension and heart problems. In regards to his heart problem, he carries with him at all times nitro pills to ward off a heart attack.

In regards to his present sentence, it would take him 40 months to EO his entire ten year sentence with credit for county jail time. He has served in excess of 90 months on the 20 year sentence. All this time amounts to 1 1/2 years of a clean prison record with no disciplinarys or counseling citations. He further has excellent work records. His present parole consideration comes almost 1 year late.

Except for the present offenses, he has a clean record as far as criminal activity is concerned. Except for the present offenses he has enjoyed a very good reputation as is attested to by the pre-sentence report.

If this were a perfect world, we would not be here. If Robert McCray were a perfect person, he would not be here before you today. However we as citizens are not comprised of perfect people. You the members of the Parole Board are to be a buffer between the harshness of prison life and the crimes for which people have been convicted. You have within your power the discretion to consider the offenses for which he is serving time, the amount of time he has served, the lack of disciplinarys in his prison record, his reputation prior to confinement and his support of his children

even while in prison, which is a rarity. All this considered adds up to the fact that it is time for Robert McCray to be paroled by this Board.